

**California Code of Regulations**

**Title 22. Social Security**

**Division 9. Prehospital Emergency Medical Services**

**Chapter 2. Emergency Medical Technician I**

**Article 1. Definitions**

**§ 100056. Automated External Defibrillator or AED.**

“Automated external defibrillator” or AED” means an external defibrillator capable of cardiac rhythm analysis that will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.

NOTE: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.

Reference: Sections 1797.52, 1797.107 and 1797.170, Health and Safety Code.

**§100056.1 EMT AED Service Provider.**

An AED service provider means an agency or organization which is responsible for, and is approved to operate, an AED.

NOTE: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.

Reference: Sections 1797.52, 1797.107 and 1797.170, Health and Safety Code.

**§100056.2 Manual Defibrillator.**

“Manual Defibrillator” means a monitor/defibrillator that has no capability or limited capability for rhythm analysis and will charge and deliver a shock only at the command of the operator.

NOTE: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.

Reference: Sections 1797.52, 1797.107 and 1797.170, Health and Safety Code.

**§ 100057. EMT-I Approving Authority.**

“EMT-I approving authority” means an agency or person authorized by this Chapter to approve an Emergency Medical Technician I training program, as follows:

(a) The EMT-I approving authority for an Emergency Medical Technician I (EMT-I) training program conducted by a qualified statewide public safety agency shall be the director of the Emergency Medical Services Authority (EMS Authority).

(b) The EMT-I approving authority for any other Emergency Medical Technician I (EMT-I) training programs not included in subsection (a) shall be the local EMS agency within that jurisdiction.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.

**§ 100058. EMT-I Certifying Authority.**

“EMT-I certifying authority” means an agency or person authorized to certify and recertify, as an Emergency Medical Technician I, an individual who has complied with the requirements of this Chapter, as follows:

(a) The program director of an approved EMT-I training program offered by a public safety agency may certify public safety personnel who comply with the requirements of this Chapter.

(b) The program director of an approved EMT-I training program offered by a public safety agency may recertify public safety personnel who successfully complete either an

1 approved EMT-I refresher course or continuing education units that comply with the  
2 requirements of this Chapter.

3 (c) The medical director of the local EMS agency shall certify and recertify all other  
4 applicants for EMT-I certification within their jurisdiction who have complied with the  
5 requirements of this Chapter.

6 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety  
7 Code. Reference: Sections 1797.109, 1797.170, 1797.210 and 1797.216, Health and  
8 Safety Code.

9 **§ 100059. Certifying Examination.**

10 Prior to January 1, 2006, "certifying examination," as used in this Chapter, means an  
11 examination either developed or approved by the EMS Authority or the EMT-I certifying  
12 authority and administered or approved by the EMT-I certifying authority, given to an  
13 individual applying for certification as an EMT-I. The examination shall include both  
14 written and skills testing portions designed to determine an individual's competence for  
15 certification as an EMT-I. The EMT-I certifying authority may designate the final written  
16 examination and skills test of the EMT-I course as the measure of competency of  
17 certification. After January 1, 2006, "certifying examination" as used in this Chapter,  
18 means the written examination and skills examination approved by the EMS Authority to  
19 test an individual applying for certification as an EMT-I.

20 NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health  
21 and Safety Code. Reference: Sections 1797.63, 1797.170, 1797.175, 1797.210 and  
22 1797.216, Health and Safety Code.

23 **§ 100059.1. Optional Skills Medical Director.**

1 “Optional skills medical director” means a physician and surgeon licensed in California  
2 who is certified by or prepared for certification by either the American Board of  
3 Emergency Medicine or the Advisory Board for Osteopathic Specialties and is appointed  
4 by the local EMS medical director to be responsible for any of the EMT-I Optional Skills  
5 that are listed in Section 100064 of this Chapter including medical control. Waiver of  
6 the board-certified requirement may be granted by the local EMS medical director if  
7 such physicians are not available for approval.

8 NOTE: Authority cited: Sections 1797.107, and 1797.170, Health and Safety Code.

9 Reference: Sections 1797.52, 1797.90, 1797.107, 1797.170, 1797.176 and 1797.202  
10 Health and Safety Code.

11 **§ 100060. Emergency Medical Technician I (EMT-I).**

12 “Emergency Medical Technician I,” “EMT-I,” or “EMT-Basic” means a person who has  
13 successfully completed an EMT-I course which meets the requirements of this Chapter,  
14 has passed all required tests, and who has been certified by the EMT-I certifying  
15 authority.

16 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety  
17 Code. Reference: Sections 1797.80 and 1797.170, Health and Safety Code.

18 **§ 100061. Local Accreditation.**

19 “Local accreditation” or “accreditation” or “accredited to practice” as used in this  
20 Chapter, means authorization by the local EMS agency to practice the optional skill(s)  
21 specified in Section 100064 within that jurisdiction. Such authorization assures that the  
22 EMT-I has been oriented to the local EMS system and trained in the optional skill(s)  
23 necessary to achieve the treatment standard of the jurisdiction.

NOTE: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.

Reference: Sections 1797.170, 1797.176, 1797.177, 1797.178, 1797.200, 1797.204, 1797.206, 1797.210 and 1797.214, Health and Safety Code.

**100061.1. Emergency Medical Services Quality Improvement Program.**

"Emergency Medical Services Quality Improvement Program" or "EMSQIP" means methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process, and recognize excellence in performance and delivery of care, pursuant to the provisions of Chapter 12 of this Division. This is a model program which will develop over time and is to be tailored to the individual organization's quality improvement needs and is to be based on available resources for the EMS QI program.

Note: Authority cited: Sections 1797.103, 1797.107, and 1797.170, Health and Safety Code. Reference: Sections 1797.204 and 1797.220, Health and Safety Code.

**Article 2. General Provisions**

**§ 100062. Application of Chapter to Operation of Ambulances.**

(a) Except as provided herein, the attendant on an ambulance operated in emergency service, or the driver if there is no attendant, shall possess a valid and current California EMT-I certificate. This requirement shall not apply during officially declared states of emergency and under conditions specified in Health and Safety Code, Section 1797.160.

(b) The requirements for EMT-I certification of ambulance attendants shall not apply, unless the individual chooses to be certified, to the following:

(1) Physicians currently licensed in California.

(2) Registered nurses currently licensed in California.

(3) Physicians' assistants currently licensed in California.

(4) Emergency Medical Technician Paramedics (EMT-P) currently licensed in California.

(5) Emergency Medical Technician IIs (EMT-IIs) currently certified in California.

(c) EMT-IIs who are not currently certified in California may temporarily perform their scope of practice in California, when approved by the medical director of the local EMS agency, in order to provide emergency medical services in response to a request, if all the following conditions are met:

(1) The EMTs are registered by the National Registry of Emergency Medical Technicians or licensed or certified in another state or under the jurisdiction of a branch of the Armed Forces including the Coast Guard of the United States, National Park Service, United States Department of the Interior--Bureau of Land Management, or the United States Forest Service; and

(2) The EMTs restrict their scope of practice to that for which they are licensed or certified.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.160 and 1797.170, Health and Safety Code.

**§ 100063. Scope of Practice of Emergency Medical Technician-I (EMT-I).**

(a) During training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer, a supervised EMT-I student or certified EMT-I is authorized to do any of the following:

- 1 (1) Evaluate the ill and injured
- 2 (2) Render basic life support, rescue and emergency medical care to patients.
- 3 (3) Obtain diagnostic signs to include, but not be limited to, the assessment of
- 4 temperature, blood pressure, pulse and respiration rates, level of consciousness, and
- 5 pupil status.
- 6 (4) Perform cardiopulmonary resuscitation, including the use of mechanical adjuncts to
- 7 basic cardiopulmonary resuscitation.
- 8 (5) Use the following adjunctive airway breathing aids:
- 9 (A) oropharyngeal airway;
- 10 (B) nasopharyngeal airway;
- 11 (C) suction devices;
- 12 (D) basic oxygen delivery devices; and
- 13 (E) manual and mechanical ventilating devices designed for prehospital use.
- 14 (6) Use various types of stretchers and body immobilization devices.
- 15 (7) Provide initial prehospital emergency care of trauma.
- 16 (8) Administer oral glucose or sugar solutions.
- 17 (9) Extricate entrapped persons.
- 18 (10) Perform field triage.
- 19 (11) Transport patients.
- 20 (12) Set up for ALS procedures, under the direction of an EMT-II or Paramedic.
- 21 (13) Perform automated external defibrillation when authorized by an EMT AED service
- 22 provider.

(14) Assist patients with the administration of physician prescribed devices, including but not limited to, patient operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices.

(b) In addition to the activities authorized by subdivision (a) of this section, the medical director of the local EMS agency may also establish policies and procedures to allow a certified EMT-I or a supervised EMT-I student in the prehospital setting and/or during interfacility transport to:

(1) Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement;

(2) Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid; and

(3) Transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines;

(4) Monitor preexisting vascular access devices and intravenous lines delivering fluids with additional medications pre-approved by the Director of the EMS Authority. Approval of such medications shall be obtained pursuant to the following procedures:

(A) The medical director of the local EMS agency shall submit a written request, Form #EMSA-0391, revised January 1994, and obtain approval from the director of the EMS Authority, who shall consult with a committee of local EMS medical directors named by the Emergency Medical Directors Association of California, for any additional



1 medications that in his/her professional judgment should be approved for  
2 implementation of Section 100063(b) (4).

3 (B) The EMS Authority shall, within fourteen days of receiving the request, notify the  
4 medical director of the local EMS agency submitting the request that the request has  
5 been received, and shall specify what information, if any, is missing.

6 (C) The director of the EMS Authority shall render the decision to approve or  
7 disapprove the additional medications within ninety days of receipt of the completed  
8 request.

9 (c) The scope of practice of an EMT-I shall not exceed those activities authorized in  
10 this section, Section 100064, and Section 100064.1.

11 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety  
12 Code. Reference: Sections 1797.170 and 1797.221, Health and Safety Code.

13 **§100063.1. EMT AED Service Provider**

14 An EMT AED service provider is an agency or organization that employs individuals as  
15 defined in Section 100060, and who obtain AEDs for the purpose of providing AED  
16 services to the general public.

17 (a) An EMT AED service provider shall be approved by the local EMS agency, or in the  
18 case of state or federal agencies, the EMS Authority, prior to beginning service. The  
19 EMS Authority shall notify local EMS agencies of state or federal agencies approved as  
20 EMT AED service providers. In order to receive and maintain EMT AED service  
21 provider approval, an EMT AED service provider shall comply with the requirements of  
22 this section.

1 (b) An EMT AED service provider approval may be revoked or suspended for failure to  
2 maintain the requirements of this section.

3 (c) An EMT AED service provider applicant shall be approved if they meet and provide  
4 the following:

5 (1) Provide orientation of AED authorized personnel to the AED;

6 (2) Ensure maintenance of AED equipment;

7 (3) Prior to January 1, 2002, ensure initial training and, thereafter, continued  
8 competency of AED authorized personnel;

9 (4) Collect and report to the local EMS agency where the defibrillation occurred, as  
10 required by the local EMS agency but no less than annually, data that includes, but is  
11 not limited to:

12 (A) The number of patients with sudden cardiac arrest receiving CPR prior to arrival of  
13 emergency medical care.

14 (B) The total number of patients on whom defibrillatory shocks were administered,  
15 witnessed (seen or heard) and not witnessed; and

16 (C) The number of these persons who suffered a witnessed cardiac arrest whose initial  
17 monitored rhythm was ventricular tachycardia or ventricular fibrillation.

18 (5) Authorize personnel and maintain a current listing of all EMT AED service provider  
19 authorized personnel and provide listing upon request to the local EMS agency or the  
20 EMS Authority.

21 (d) An approved EMT AED service provider and their authorized personnel shall be  
22 recognized statewide.

(e) Authorized personnel means EMT-I personnel trained to operate an AED and authorized by an approved EMT AED service provider.

NOTE: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.

Reference: Sections 1797.170, 1797.178, 1797.200, 1797.202, 1797.204, 1797.220, 1798 and 1798.2, Health and Safety Code.

**§ 100064. Optional Skills.**

(a) In addition to the activities authorized by Section 100063 of this Chapter, a local EMS agency may establish policies and procedures for local accreditation of an EMT-I student or certified EMT-I to perform any or all of the following optional skills specified in this section. Subsections (b), (c), (f), (g), and (h) of this section will sunset when the EMT-II Regulations, Chapter 3 of this Division, is amended to specify the training and certification requirements for a modular EMT-II scope of practice.

(b) Defibrillation on an unconscious, pulseless patient who is apneic or has agonal respirations with a manual defibrillator when used under the direct supervision of an EMT-II, Paramedic, R.N., or M.D.

(1) Training in the use of a manual defibrillator shall consist of not less than ten hours to result in the EMT-I being competent in the recognition of ventricular fibrillation and use of the device. Included in the above training hours shall be the following topics and skills:

(A) Anatomy and physiology of the heart;

(B) Basic electrophysiology;

(C) Cardiac monitoring;

(D) Rhythm recognition of ventricular fibrillation, ventricular tachycardia, pulseless

electrical activity, and cardiac standstill (asystole);

(E) Defibrillator operation and defibrillation;

(F) Medical control; and

(G) Post conversion care and monitoring according to local policies and procedures.

(2) At the completion of initial training, a student shall complete a competency-based

written and skills examination for manual defibrillation which shall include the use of the

manual defibrillator and cardiac monitoring, cardiac rhythm recognition and manual

defibrillation.

(3) A local EMS agency shall establish policies and procedures for skills competency

demonstration that requires the accredited EMT-I to demonstrate skills competency

every six months after initial accreditation.

(c) Use of esophageal-tracheal airway device.

(1) Training in the use of an esophageal-tracheal airway device shall consist of not less

than five hours to result in the EMT-I being competent in the use of the device and

airway control. Included in the above training hours shall be the following topics and

skills:

(A) Anatomy and physiology of the respiratory system.

(B) Assessment of the respiratory system.

(C) Review of basic airway management techniques, which includes manual and

mechanical.

(D) The role of the esophageal-tracheal airway device in the sequence of airway control.

(E) Indications and contraindications of the esophageal-tracheal airway device.

(F) The role of pre-oxygenation in preparation for the esophageal-tracheal airway device.

(G) Esophageal-tracheal airway device insertion and assessment of placement.

(H) Methods for prevention of basic skills deterioration.

(I) Alternatives to the esophageal-tracheal airway device.

(2) At the completion of initial training, a student shall complete a competency-based written and skills examination for airway management which shall include the use of basic airway equipment and techniques and use of the esophageal-tracheal airway device.

(3) A local EMS agency shall establish policies and procedures for skills competency demonstration that requires the accredited EMT-I to demonstrate skills competency every six months thereafter after initial accreditation.

(d) Administration of naloxone for suspected narcotic overdose.

(1) Training in the administration of naloxone shall consist of no less than two hours to result in the EMT-I being competent in the administration of naloxone and managing a patient of a suspected narcotic overdose. Included in the training hours listed above shall be the following topics and skills:

(A) Common causative agents

(B) Assessment findings

(C) Management to include but not be limited to:

(D) Need for appropriate personal protective equipment and scene safety awareness

(E) Profile of Naloxone to include, but not be limited to:

1. Indications

1 2. Contraindications

2 3. Side/ adverse effects

3 4. Routes of administration

4 5. Dosages

5 (F) Mechanisms of drug action

6 (G) Calculating drug dosages

7 (H) Medical asepsis

8 (I) Disposal of contaminated items and sharps

9 (2) At the completion of this training, the student shall complete a competency based  
10 written and skills examination for administration of naloxone which shall include:

11 (A) Assessment of when to administer naloxone,

12 (B) Managing a patient before and after administering naloxone,

13 (C) Using universal precautions and body substance isolation procedures during  
14 medication administration,

15 (D) Demonstrating aseptic technique during medication administration,

16 (E) Demonstrate preparation and administration of parenteral medications by a route  
17 other than intravenous.

18 (F) Proper disposal of contaminated items and sharps.

19 (3) A local EMS agency shall establish policies and procedures for skills competency  
20 demonstration that requires the accredited EMT-I to demonstrate skills competency  
21 every six months after initial accreditation.

22 (e) Administration of epinephrine by auto-injector or preloaded syringe for suspected  
23 anaphylaxis and/or severe asthma.

(1.) Training in the administration of epinephrine shall consist of no less than two hours to result in the EMT-I being competent in the administration of epinephrine and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training hours listed above shall be the following topics and skills:

(A) Common causative agents

(B) Assessment findings

(C) Management to include but not be limited to:

(D) Need for appropriate personal protective equipment and scene safety awareness

(E) Profile of epinephrine to include, but not be limited to:

1. Indications

2. Contraindications

3. Side/ adverse effects

4. Administration by auto-injector or preloaded syringe

5. Dosages

6. Mechanisms of drug action

(F) Medical asepsis

(H) Disposal of contaminated items and sharps

(2) At the completion of this training, the student shall complete a competency based written and skills examination for administration of epinephrine which shall include:

(A) Assessment of when to administer epinephrine,

(B) Managing a patient before and after administering epinephrine,

(C) Using universal precautions and body substance isolation procedures during

1 medication administration,

2 (D) Demonstrating aseptic technique during medication administration,

3 (E) Demonstrate preparation and administration of epinephrine by auto-injector or  
4 preloaded syringe.

5 (F) Proper disposal of contaminated items and sharps.

6 (3) A local EMS agency shall establish policies and procedures for skills competency  
7 demonstration that requires the accredited EMT-I to demonstrate skills competency  
8 every six months after initial accreditation.

9 (f) Perform blood glucose determination and administer the medications listed in this  
10 subsection.

11 (1.) Using prepackaged products when available, the following medications may be  
12 administered:

13 (A) Aspirin

14 (B) Bronchodilators

15 (C) Epinephrine, sub-cutaneous

16 (D) Naloxone

17 (E) Nitroglycerine

18 (F) Glucagon

19 (G) Activated Charcoal

20 (2.) This module shall include of all of the medications and skills listed above and shall  
21 consist of no less than 35 hours of didactic and skills laboratory, and no less than 32  
22 hours of clinical training and field internship which shall result in no fewer than ten  
23 advanced life support contacts during clinical training and field internship.



(A) Profile of medications listed in sub-sections (A-G) to include, but not be limited to:

1. Indications

2. Contraindications

3. Side/ adverse effects

4. Routes of administration

5. Dosages

6. Mechanisms of drug action

7. Calculating drug dosages

8. Medical asepsis

9. Disposal of contaminated items and sharps

10. Medication administration, excluding intravenous route.

11. Patient Assessment and physiology related to the application of this module.

(3.) At the completion of this training, the student shall complete a competency based written and skills examination for the administration of the medications listed in this subsection which shall include:

(A) Assessment of when to administer these medications,

(B) Managing a patient before and after administering these medications,

(C) Using universal precautions and body substance isolation procedures during medication administration,

(D) Demonstrating aseptic technique during medication administration,

(E) Demonstrate the preparation and administration of medications by the inhalation route, subcutaneous route, sublingual route, oral route and intramuscular route,

(F) Demonstrate blood glucose determination, and

(G) Proper disposal of contaminated items and sharps. .

(4) A local EMS agency shall establish policies and procedures for skills competency demonstration that requires the accredited EMT-I to demonstrate skills competency every six months after initial accreditation.

(g) Administer the medications listed in this subsection.

(1.) Using prepackaged products when available, the following medications may be administered:

(A) Atropine

(B) Pralidoxime Chloride

(2.) This training shall consist of no less than 2 hours of didactic and skills laboratory training. In addition basic weapons of mass destruction training is recommended.

Training in the profile of medications listed in subsections (A and B) shall include, but not be limited to:

(A) Indications

(B) Contraindications

(C) Side/ adverse effects

(D) Routes of administration

(E) Dosages

(F) Mechanisms of drug action

(G) Disposal of contaminated items and sharps

(H) Medication administration.

(3.) At the completion of this training, the student shall complete a competency based written and skills examination for the administration of medications listed in this

subsection which shall include:

(A) Assessment of when to administer these medications,

(B) Managing a patient before and after administering these medications,

(C) Using universal precautions and body substance isolation procedures during medication administration,

(D) Demonstrating aseptic technique during medication administration,

(E) Demonstrate the preparation and administration of medications by the intramuscular route,

(F) Proper disposal of contaminated items and sharps.

(4.) A local EMS agency shall establish policies and procedures for skills competency demonstration that requires the accredited EMT-I to demonstrate skills competency every six months after initial accreditation.

(h) Establish intravenous access under the direct supervision of a paramedic currently licensed in California.

(1) Training in instituting IV catheters in peripheral veins and administering IV glucose solutions or isotonic balanced saline salt solutions shall consist of not less than four hours and shall be divided into:

(A) Four hours of didactic instruction and skills laboratories, and

(B) Hospital clinical training to include successfully establishing a minimum of ten IVs.

(2.) Included in the above training hours shall be the following topics and skills:

(A) specific patient assessment,

(B) indications,

(C) contraindications,

- (D) complications,
- (E) equipment needed,
- (F) asepsis,
- (G) technique of establishing, securing, and monitoring IV,
- (H) universal precautions, and
- (I) body substance isolation.

(3.) At the completion of initial training a student shall pass, by pre-established standards, a competency-based written and skills examination.

(4.) A local EMS agency shall establish policies and procedures for skills competency demonstration that requires the accredited EMT-I to demonstrate skills competency every six months after initial accreditation.

(i) The medical director of the local EMS agency shall develop a plan for each optional skill allowed. The plan shall, at a minimum, include the following:

- (1) A description of the need for the use of the optional skill.
- (2) A description of the geographic area within which the optional skill will be utilized.
- (3) A description of the data collection methodology which shall also include an evaluation of the effectiveness of the optional skill.
- (4) The policies and procedures to be instituted by the local EMS agency regarding medical control and use of the optional skill.

(j) A local EMS agency medical director who accredits EMT-Is to perform an optional skill shall:

- (1) Establish policies and procedures for the approval and designation of service provider(s).

1 (2) Approve and designate selected base hospital(s) as the local EMS agency deems  
2 necessary to provide direction and supervision of accredited EMT-Is in accordance with  
3 policies and procedures established by the local EMS agency.

4 (3) Establish policies and procedures to collect, maintain and evaluate patient care  
5 records.

6 (4) Establish a quality improvement program. Quality improvement means a method of  
7 evaluation of services provided, which includes defined standards, evaluation of  
8 methodology(ies) and utilization of evaluation results for continued system  
9 improvement. Such methods may include, but not be limited to, a written plan  
10 describing the program objectives, organization, scope and mechanisms for overseeing  
11 the effectiveness of the program.

12 (k) The local EMS medical director may approve an optional skill medical director to be  
13 responsible for accreditation and any or all of the following requirements.

14 (1) Approve and monitor training programs including refresher training within its  
15 jurisdiction.

16 (2) Establish policies and procedures for continued competency in the optional skill  
17 which will consist of organized field care audits, periodic training sessions and/or  
18 structured clinical experience that will be in addition to the requirements in Section  
19 100081 of this Chapter.

20 (3) Require a documented demonstration of the optional skill proficiency at intervals  
21 determined by the medical director. In no case shall the interval exceed six months  
22 after initial accreditation.

1 (A) Accreditation may be rescinded by the medical director who granted accreditation if,  
2 in his/her judgment, the individual fails to demonstrate competency in the optional skill.

3 (B) Accreditation may be temporarily suspended in accordance with the local EMS  
4 agency's policies and procedures, by the local EMS medical director, EMT-I optional  
5 skill medical director, or base hospital medical director.

6 (C) The local EMS agency medical director may review and sustain or overrule a  
7 decision to rescind or suspend accreditation made by the optional skill medical director  
8 or base hospital physician.

9 (D) The local EMS agency shall develop policies to provide for notice and appeal  
10 procedures for individual(s) whose accreditation has been suspended or rescinded.

11 (I) The optional skill medical director may delegate the specific field care audits,  
12 training, and demonstration of competency, if approved by the local EMS agency  
13 medical director, to a physician, registered nurse, physician assistant, Paramedic, or  
14 EMT-II, licensed or certified in California or a physician licensed in another state  
15 immediately adjacent to the local emergency medical services agency jurisdiction.

16 (m) An EMT-I accredited in an optional skill may assist in demonstration of competency  
17 and training of that skill.

18 (n) In order to be accredited to utilize an optional skill, an EMT-I shall demonstrate  
19 competency through passage, by pre-established standards, developed and/or  
20 approved by the local EMS agency, of a competency-based written and skills  
21 examination which tests the ability to assess and manage the specified condition.

22 NOTE: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code.

23 Reference: Sections 1797.8, 1797.52, 1797.58, 1797.90, 1797.170, 1797.173,

1797.175, 1797.176, 1797.202, 1797.208, 1797.212, 1798, 1798.2, 1798.100, 1798.102  
and 1798.104 Health and Safety Code.

**§ 100064.1. EMT-I Trial Studies.**

An EMT-I may perform any prehospital emergency medical care treatment procedure(s)  
or administer any medication(s) on a trial basis when approved by the medical director  
of the local EMS agency and the director of the EMS Authority. The medical director of  
the local EMS agency shall review the medical literature on the procedure or medication  
and determine in his/her professional judgment whether a trial study is needed.

(a) The medical director of the local EMS agency shall review a trial study plan which,  
at a minimum, shall include the following:

(1) A description of the procedure(s) or medication(s) proposed, the medical conditions  
for which they can be utilized, and the patient population that will benefit.

(2) A compendium of relevant studies and material from the medical literature.

(3) A description of the proposed study design, including the scope of study and  
method of evaluating the effectiveness of the procedure(s) or medication(s), and  
expected outcome.

(4) Recommended policies and procedures to be instituted by the local EMS agency  
regarding the use and medical control of the procedure(s) or medication(s) used in the  
study.

(5) A description of the training and competency testing required to implement the  
study. Training on subject matter shall be consistent with the related topic(s) and skill(s)  
specified in Section 100159, Chapter 4 (EMT-P regulations), Division 9, Title 22,  
California Code of Regulations.

1 (b) The medical director of the local EMS agency shall appoint a local medical advisory  
2 committee to assist with the evaluation and approval of trial studies. The membership  
3 of the committee shall be determined by the medical director of the local EMS agency,  
4 but shall include individuals with knowledge and experience in research and the effect  
5 of the proposed study on the EMS system.

6 (c) The medical director of the local EMS agency shall submit the proposed study and a  
7 copy of the proposed trial study plan at least forty-five (45) days prior to the proposed  
8 initiation of the study to the director of the EMS Authority for approval in accordance  
9 with the provisions of Section 1797.221 of the Health and Safety Code. The EMS  
10 Authority shall inform the Commission on EMS of studies being initiated.

11 (d) The EMS Authority shall notify the medical director of the local EMS agency  
12 submitting its request for approval of a trial study within fourteen (14) days of receiving  
13 the request that the request has been received.

14 (e) The Director of the EMS Authority shall render the decision to approve or  
15 disapprove the trial study within forty-five (45) days of receipt of all materials specified in  
16 subsections (a) and (b) of this section.

17 (f) Within eighteen (18) months of the initiation of the procedure(s) or medication(s), the  
18 medical director of the local EMS agency shall submit to the Commission on EMS a  
19 written report which includes at a minimum the progress of the study, number of  
20 patients studied, beneficial effects, adverse reactions or complications, appropriate  
21 statistical evaluation, and general conclusion.

22 (g) The Commission on EMS shall review the above report within two (2) meetings and  
23 advise the EMS Authority to do one of the following:



(1) Recommend termination of the study if there are adverse effects or if no benefit from the study is shown.

(2) Recommend continuation of the study for a maximum of eighteen (18) additional months if potential but inconclusive benefit is shown.

(3) Recommend the procedure or medication be added to the EMT-I scope of practice.

(h) If option (g)(2) is selected, the Commission on EMS may advise continuation of the study as structured or alteration of the study to increase the validity of the results.

(i) At the end of the additional eighteen (18) month period, a final report shall be submitted to the Commission on EMS with the same format as described in (f) above.

(j) The Commission on EMS shall review the final report and advise the EMS Authority to do one of the following:

(1) Recommend termination or further extension of the study.

(2) Accept the study recommendations.

(3) Recommend the procedure or medication be added to the EMT-I scope of practice.

(k) The EMS Authority may require a trial study(ies) to cease after thirty-six (36) months.

NOTE: Authority cited: Section 1797.107 and 1797.170, Health and Safety Code.

Reference: Sections 1797.170 and 1797.221, Health and Safety Code.

### **Article 3. Program Requirements for EMT-I Training Programs**

#### **§ 100065. Approved Training Programs**

(a) The purpose of an EMT-I training program shall be to prepare individuals to render prehospital basic life support at the scene of an emergency, during transport of the sick and injured, or during interfacility transfer within an organized EMS system.

(b) EMT-I training may be offered only by approved training programs. Eligibility for program approval shall be limited to:

(1) Accredited universities and colleges including junior and community colleges, school districts, and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.

(2) Medical training units of a branch of the Armed Forces including the Coast Guard of the United States.

(3) Licensed general acute care hospitals which meet the following criteria:

(A) Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5; and

(B) Provide continuing education to other health care professionals.

(4) Agencies of government including public safety agencies.

(5) Local EMS agencies.

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.173, Health and Safety Code. Reference: Sections 1797.170, 1797.173, 1797.208 and 1797.213 Health and Safety Code.

**§ 100066. Procedure for Program Approval.**

(a) Eligible training programs may submit a written request for EMT-I program approval to an EMT-I approving authority.

(b) The EMT-I approving authority shall review and approve the following prior to approving an EMT-I training program:

(1) A statement verifying usage of the United States Department of Transportation's EMT-Basic National Standard Curriculum, DOT HS 808 149, August 1994, which includes learning objectives, skills protocols, and treatment guidelines.

(2) A statement verifying CPR training equivalent to the 2005 American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT-I basic course.

(3) Samples of written and skills examinations used for periodic testing.

(4) A final skills competency examination.

(5) A final written examination.

(6) The name and qualifications of the program director, program clinical coordinator, and principal instructor(s).

(7) Provisions for clinical experience, as defined in Section 100068 of this Chapter.

(8) Provisions for course completion by challenge, including a challenge examination (if different from final examination).

(9) Provisions for a refresher course including subsections (1)-(8) above, required for recertification.

(10) The location at which the courses are to be offered and their proposed dates.

(11) Table of contents listing the required information listed in this subsection, with corresponding page numbers.

(c) In addition to those items listed in subdivision (b) of this section, the EMS Authority shall assure that a statewide public safety agency meets the following criteria in order to approve that agency as qualified to conduct a statewide EMT-I training program:

(1) Has a statewide role and responsibility in matters affecting public safety.

(2) Has a centralized authority over its EMT-I training program instruction which can correct any elements of the program found to be in conflict with this Chapter.

(3) Has a management structure which monitors all of its EMT-I training programs.

(4) Has designated a liaison to the EMS Authority who shall respond to problems or conflicts identified in the operation of its EMT-I training program.

(5) In addition, these agencies shall meet the following additional requirements:

(A) Designate the principal instructor as a liaison to the EMT-I approving authority for the county in which the training is conducted; and

(B) Consult with the EMT-I approving authority for the county in which the training is located in developing the EMS System Orientation portion of the EMT-I course.

(d) The EMT-I approving authority shall make available to the EMS Authority, upon request, any or all materials submitted pursuant to this section by an approved EMT-I training program in order to allow the EMS Authority to make the determination required by Section 1797.173 of the Health and Safety Code.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.170, 1797.173, 1797.208 and 1797.213, Health and Safety Code.

**§ 100067. Didactic and Skills Laboratory.**

An approved EMT-I training program shall assure that no more than ten (10) students are assigned to one (1) principal instructor/teaching assistant during skills practice/laboratory sessions.

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.173, Health and Safety Code. Reference: Sections 1797.170, 1797.173 and 1797.208, Health and Safety Code.

**§ 100068. Clinical Experience for EMT-I.**

Each approved EMT-I training program shall have written agreement(s) with one or more general acute care hospital(s) and/or operational ambulance provider(s) or rescue vehicle provider(s) for the clinical portion of the EMT-I training course. The written agreement(s) shall specify the roles and responsibilities of the training program and the clinical provider(s) for supplying the supervised clinical experience for the EMT-I student(s). Supervision for the clinical experience shall be provided by an individual who meets the qualifications of a principal instructor or teaching assistant. No more than three (3) students will be assigned to one (1) qualified supervisor during the supervised clinical experience.

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.173, Health and Safety Code. Reference: Sections 1797.170, 1797.173 and 1797.208, Health and Safety Code.

**§ 100069. Program Approval.**

(a) In accordance with Section 100057 (a) the EMS Authority shall notify the training program submitting its request for training program approval within seven (7) days of receiving the request that:

- (1) The request has been received,
- (2) The request contains or does not contain the information requested in Section 100066 of this Chapter and,

1 (3) What information, if any, is missing from the request.

2 (b) Program approval or disapproval shall be made in writing by the EMT-I approving  
3 authority to the requesting training program within a reasonable period of time after  
4 receipt of all required documentation.

5 This time period shall not exceed three (3) months.

6 (c) The EMT-I approving authority shall establish the effective date of program approval  
7 in writing upon the satisfactory documentation of compliance with all program  
8 requirements.

9 (d) Program approval shall be for four (4) years following the effective date of program  
10 approval and may be renewed every four (4) years subject to the procedure for program  
11 approval specified in this section.

12 (e) Approved EMT-I training programs shall also receive approval as a continuing  
13 education provider effective the same date as the EMT-I training program approval.

14 The continuing education program expiration date shall be the same expiration date as  
15 the EMT-I training program. The continuing education provider shall comply with all of  
16 the requirements contained in Chapter 11 of this Division.

17 NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety  
18 Code. Reference: Sections 1797.109, 1797.170, 1797.173 and 1797.208, Health and  
19 Safety Code.

20 **§ 100070. Teaching Staff.**

21 Each EMT-I training program shall provide for the functions of administrative direction,  
22 medical quality coordination, and actual program instruction. Nothing in this section

precludes the same individual from being responsible for more than one of the following functions if so qualified by the provisions of this section:

(a) Each EMT-I training program shall have an approved program director who shall be qualified by education and experience in methods, materials, and evaluation of instruction which shall be documented by at least forty hours in teaching methodology.

The courses include but are not limited to the following examples:

(1) State Fire Marshal Instructor 1A and 1B,  
(2) National Fire Academy's Instructional Methodology,  
(3) Training programs that meet the United States Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.

(b) Duties of the program director, in coordination with the program clinical coordinator, shall include but not be limited to:

(1) Administering the training program.  
(2) Approving course content.  
(3) Approving all written examinations and the final skills examination.  
(4) Coordinating all clinical and field activities related to the course.  
(5) Approving the principal instructor(s) and teaching assistants.  
(6) Signing all course completion records.  
(7) Assuring that all aspects of the EMT-I training program are in compliance with this Chapter and other related laws.

(c) Each training program shall have an approved program clinical coordinator who shall be either a physician, registered nurse, physician assistant, or a paramedic

currently licensed in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years. Duties of the program clinical coordinator shall include, but not be limited to:

- (1) Responsibility for the overall quality of medical content of the program;
- (2) Approval of the qualifications of the principal instructor(s) and teaching assistant(s).

(d) Each training program shall have a principal instructor(s), who may also be the program clinical coordinator or program director, who shall be qualified by education and experience in methods, materials, and evaluation of instruction, which shall be documented by at least forty hours in teaching methodology. The courses include but are not limited to the following examples:

- (1) State Fire Marshal Instructor 1A and 1B,
- (2) National Fire Academy's Instructional Methodology,
- (3) Training programs that meet the United States Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.

and who shall:

(A) Be a physician, registered nurse or physician assistant, or paramedic currently licensed in California; or,

(B) Be an EMT-II or EMT-I who is currently certified in California.

(C) Have at least two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years.

(D) Be approved by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned. After January 1,



2006, all principal instructors from approved EMT-I Training Programs shall meet the minimum qualifications as specified in subsection (d) of this Section.

(e) Each training program may have teaching assistant(s) who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director in coordination with the program clinical coordinator as qualified to assist in teaching the topics to which the assistant is to be assigned. A teaching assistant shall be supervised by a principal instructor, the program director and/or the program clinical coordinator.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.

**§ 100071. Program Review and Reporting.**

(a) All program materials specified in this Chapter shall be subject to periodic review by the EMT-I approving authority.

(b) All programs shall be subject to periodic on-site evaluation by the EMT-I approving authority.

(c) Any person or agency conducting a training program shall notify the EMT-I approving authority in writing, in advance when possible, and in all cases within thirty (30) days of any change in course content, hours of instruction, program director or program clinical coordinator.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.

**§ 100072. Withdrawal of Program Approval.**

Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this Chapter may result in suspension or revocation of program approval by the EMT-I approving authority. An approved EMT-I training program shall have no more than (60) days from date of written notice to comply with this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.208 and 1798.202, Health and Safety Code.

**§ 100073. Components of an Approved Program.**

(a) An approved EMT-I training program shall consist of all of the following:

- (1) The EMT-I course, including clinical experience;
- (2) Periodic and a final written and skill competency examinations;
- (3) A challenge examination; and
- (4) A refresher course required for recertification.

(b) The local EMS agency may approve a training program that offers only refresher course(s).

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health and Safety Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.

**§ 100074. Required Course Hours.**

(a) The EMT-I course shall consist of not less than one hundred twenty hours. These training hours shall be divided into:

(1) A minimum of one hundred ten hours of didactic instruction and skills laboratory;  
and

(2) A minimum of ten hours of supervised clinical experience. The clinical experience shall include five patient contacts wherein a patient assessment and other EMT-I skills are performed.

(b) The minimum hours shall not include the examinations for EMT-I certification.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Section 1797.170, Health and Safety Code.

**§ 100075. Required Course Content.**

The minimum EMT-I course content shall consist of:

(a) The United States Department of Transportation's EMT-Basic National Standard Curriculum, DOT HS 808 149, August 1994.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.170 and 1797.173, Health and Safety Code.

**§ 100076. Required Testing.**

Each component of an approved program shall include periodic and final competency-based examinations to test the knowledge and skills specified in this Chapter.

Satisfactory performance in these written and skills examinations shall be demonstrated for successful completion of the course. Satisfactory performance shall be determined by preestablished standards, developed and/or approved by the EMT-I approving authority pursuant to Section 100066 of this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.208 and 1797.210, Health and Safety Code.

**§ 100077. Course Completion Record.**

(a) An approved EMT-I training program provider shall issue a tamper resistant course completion record to each person who has successfully completed the EMT-I course, refresher course, or challenge examination.

(b) The course completion record shall contain the following:

(1) The name of the individual.

(2) The date of course completion.

(3) Type of EMT-I course completed (i.e., EMT-I, refresher, or challenge), and the number of hours completed.

(4) The EMT-I approving authority.

(5) The signature of the program director.

(6) The name and location of the training program issuing the record.

(7) The following statement in bold print: **“This is not an EMT-I certificate”**.

(c) This course completion record is valid to apply for certification for a maximum of two years from the course completion date and shall be recognized statewide.

(d) The name and address of each person receiving a course completion record and the date of course completion shall be reported in writing to the appropriate EMT-I certifying authority within fifteen days of course completion.

(e) Approved EMT-I training programs which are also approved EMT-I Certifying Authorities need not issue a Course Completion record to those students who will receive certification from the same agency.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109 and 1797.170, Health and Safety Code.

**§ 100078. Course Completion by Challenge Examination.**

(a) An individual may obtain an EMT-I course completion record by successfully passing by pre-established standards, developed and/or approved by the EMT-I approving authority pursuant to Section 100066 of this Chapter, a course challenge examination if s/he meets one of the following eligibility requirements:

(1) The person is a currently licensed physician, registered nurse, physician assistant, vocational nurse, or licensed practical nurse.

(2) The person provides documented evidence of having successfully completed an emergency medical service training program of the Armed Forces including the Coast Guard of the United States within the preceding two (2) years which meets the Department of Transportation EMT-I course guidelines. Upon review of documentation, the EMT-I certifying authority may also allow an individual to challenge if the individual was active in the last two (2) years in a prehospital emergency medical classification of the Armed Services, including the Coast Guard of the United States, which does not have formal recertification requirements. These individuals may be required to take a refresher course or complete continuing education courses as a condition of certification.

(b) The course challenge examination shall consist of a competency-based written and skills examination to test knowledge of the topics and skills prescribed in this Chapter.

(c) An approved EMT-I training program shall offer an EMT-I challenge examination no less than once each time the EMT-I course is given, (unless otherwise specified by the program's EMT-I approving authority).

(d) The EMT-I certifying authority may provide the written and skills EMT-I challenge examination and designate such tests as the certifying examination.

(e) An eligible person shall be permitted to take the EMT-I course challenge examination only one time.

(f) An individual who fails to achieve a passing score on the EMT-I course challenge examination shall successfully complete an EMT-I course to receive an EMT-I course completion record.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.208 and 1797.210, Health and Safety Code.

#### **Article 4. EMT-I Certification**

##### **§ 100079. Certification.**

(a) In order to be eligible for certification, an individual shall:

(1) Have a valid EMT-I course completion record or other documented proof of successful completion of an approved initial EMT-I course, or

(2) Have documentation of successful completion of an approved out-of-state initial EMT-I training course, within the last two years which meets the requirements of this Chapter.

1 (3) Apply for certification within two years of the date of course completion.

2 (4) Prior to January 1, 2006, pass, by pre-established standards developed and/or  
3 approved by the EMT-I certifying authority pursuant to this Section and Section 100066  
4 of this Chapter, a competency-based written and skills certifying examination. After  
5 January 1, 2006, pass by pre-established standards the written examination and skills  
6 examination approved by the EMS Authority.

7 (5) Be eighteen years of age or older.

8 (6) Comply with other reasonable requirements, as may be established by the EMT-I  
9 certifying authority, such as:

10 (A) Complete an application form.

11 (B) Complete a statement that the individual is not precluded from certification for  
12 reasons defined in Section 1798.200 of the Health and Safety Code.

13 (C) Live scan or criminal background check from the California Department of Justice.

14 (D) Pay the established fee.

15 (E) Furnish a current photograph for identification purposes.

16 (F) Complete the additional training specified in Section 100063 (b), and Section  
17 100064 if applicable, of this Chapter.

18 (G) Attend orientation on local EMS policies, procedures and protocols.

19 (b) In order for an individual, whose California EMT-II certification or Paramedic License  
20 has lapsed, to be eligible for certification as an EMT-I the individual shall:

21 (1) For a lapse of less than six months, the individual shall comply with the requirements  
22 contained in Section 100080 (b) or (c), (e) and (f) of this Chapter.

(2) For a lapse of six months or more, but less than twelve months, the individual shall comply with the requirements of Section 100080 (b) or (c), (e), and (f) of this Chapter and complete an additional twelve hours of continuing education for a total of 36 hours of training.

(3) For a lapse of twelve months or more, but less than 24 months, the individual shall comply with the requirements of Section 100080 (b) or (c), and (e) of this Chapter and complete an additional twenty-four hours of continuing education for a total of 48 hours of training and the individual shall pass the written and skills certification exam as specified in Section 100079 (a) (4).

(4) For a lapse of twenty-four months or more the individual shall complete an entire EMT-I course and comply with the requirements of subsection (a) of this Section.

(c) An individual currently licensed in California as a Paramedic or currently certified in California as an EMT-II is deemed to be certified as an EMT-I except when the paramedic license or EMT-II certification is under suspension\_with no further testing required. In the case of a paramedic license under suspension, the paramedic shall apply to a local EMS agency for EMT-I certification.

(d) An individual who meets one of the following criteria shall be eligible for certification upon fulfilling the requirements of subsections (a), (5), and (6) of this section.

(1) Possesses a current and valid National Registry EMT-Basic certificate,

(2) Possesses a current and valid out-of-state or National Registry EMT-Intermediate or Paramedic certificate.

(e) An individual who possesses a current and valid out-of-state EMT-I certificate, shall be eligible for certification upon fulfilling the requirements of subsections (a) (4),



(5), and (6) of this section.

(f) Prior to January 1, 2006, the certifying examination shall include:

(1) A competency-based written examination;

(2) Individual demonstration of competence in skills required in the following topics:

(A) patient examination;

(B) airway emergencies;

(C) breathing emergencies;

(D) cardiopulmonary resuscitation;

(E) automated external defibrillation;

(F) circulation emergencies;

(G) neurological emergencies;

(H) soft tissue injury;

(I) musculoskeletal injury; and

(J) obstetrical emergencies.

(3) After January 1, 2006, the single written examination and skills certifying examination shall be approved by the EMS Authority.

(g) The EMT-I certifying authority shall issue a wallet-sized certificate to eligible individuals. The certificate shall contain the following:

(1) The name of the individual certified.

(2) The date the certificate was issued.

(3) The date of expiration.

(4) The name and location of the EMT-I certifying authority.

(5) The name and signature of the individual authorized to certify, or facsimile of same.

(6) A statement that the individual named on the card has fulfilled the requirements for certification as an EMT-I in California.

(h) Certification as an EMT-I shall be for a maximum of two (2) years except in the following cases:

(1) A person who possesses a current and valid out-of-state EMT-Intermediate or Paramedic certification or a current and valid National Registry EMT-Basic, EMT-Intermediate or Paramedic certification, the expiration date shall be the same expiration date as stated on the out-of-state or National Registry certification.

(2) That an individual currently certified or licensed as an Paramedic, pursuant to subsection (c), shall have an EMT-I expiration date that is the same as the current Paramedic certificate or license.

(3) The effective date of certification, as used in this Chapter, shall be the date the individual satisfactorily completes all certification requirements and has applied for certification. The certification expiration date will be the final day of the final month of the two year period.

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health and Safety Code. Reference: Sections 1797.63, 1797.109, 1797.175, 1797.177, 1797.210 and 1797.216, Health and Safety Code.

## **Article 5. Maintaining EMT-I Certification and Recertification**

### **§ 100080. Maintaining EMT-I Certification.**

In order to maintain certification, an EMT-I shall:

(a) Possess a current EMT-I Certification issued in California.

1 (b) Obtain at least twenty-four hours of continuing education hours (CEH) from an  
2 approved continuing education provider in accordance with the provisions contained in  
3 the Prehospital Continuing Education Chapter, Chapter 11 of this Division, or

4 (c) Successfully complete a twenty-four hour refresher course from an approved EMT-I  
5 training program.

6 (d) An individual who is currently licensed in California as Paramedic or certified as an  
7 EMT-II, or who has been certified within six (6) months of the date of application, may  
8 be given credit for continuing education hours earned as a Paramedic or EMT-II to  
9 satisfy the continuing education requirement for EMT-I recertification as specified in this  
10 Chapter.

11 (e) Comply with other reasonable requirements, as may be established by the EMT-I  
12 Certifying Authority, such as:

13 (1) Complete an application form.

14 (2) Complete a statement that the individual is not precluded from certification for  
15 reasons defined in Section 1798.200 of the Health and Safety Code.

16 (3) Live scan or criminal background check from the California Department of Justice.

17 (4) Pay the established fee.

18 (5) Furnish a current photograph for identification purposes.

19 (6) Complete the additional training specified in Section 100063 (b), and Section  
20 100064 if applicable, of this Chapter.

21 (7) Attend an orientation on local EMS policies, procedures and protocols.

22 (f) Submit a completed skills competency verification form, EMSA-SCV (07/03). Form  
23 EMSA-SCV (07/03) is herein incorporated by reference. Skills competency shall be

verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who is currently certified or licensed as an EMT-I, EMT-II, Paramedic, RN, PA, or physician and who shall be designated by an EMS approved training program (EMT-I training program, paramedic training program or continuing education provider) or an EMS service provider; EMS service providers include, but are not limited to public safety agencies, private ambulance providers and other EMS providers. The skills requiring verification of competency are:

- (1) Patient examination, trauma patient
- (2) Patient examination, medical patient
- (3) Airway emergencies
- (4) Breathing emergencies
- (5) Automated external defibrillation
- (6) Circulation emergencies
- (7) Neurological emergencies
- (8) Soft tissue injuries
- (9) Musculoskeletal injuries
- (10) Obstetrical emergencies

(g) If the maintenance of certification requirements are met within six months prior to the expiration date, the EMT-I Certifying Authority shall make the effective date of certification the expiration date of the current certificate. The certification expiration date will be the final day of the final month of the two year period.

(h) If the maintenance of certification requirements are met greater than six months prior to the expiration date, the EMT-I Certifying authority shall make the effective date of

certification the date the individual satisfactorily completes all certification requirements and has applied for certification. The certification expiration date shall be the final day of the final month of the two year period.

(i) The EMT-I Certifying Authority shall issue a wallet-sized certificate to eligible individuals who apply for maintaining EMT-I certification. The certificate shall contain the information specified in Section 100079, Subsection (i).

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.210 and 1797.216, Health and Safety Code.

**§ 100081. Recertification After Lapse in Certification.**

(a) In order to be eligible for recertification for an individual whose EMT-I Certification has lapsed, the following requirements shall apply:

(1) For a lapse of less than six months, the individual shall comply with the requirements contained in Section 100080 (b) or (c), (e) and (f) of this Chapter.

(2) For a lapse of six months or more, but less than twelve months, the individual shall comply with the requirements of Section 100080 (b) or (c), (e), and (f) of this Chapter and complete an additional twelve hours of continuing education for a total of 36 hours of training.

(3) For a lapse of twelve months or more, but less than 24 months, the individual shall comply with the requirements of Section 100080 (b) or (c), and (e) of this Chapter and complete an additional twenty-four hours of continuing education for a total of 48 hours of training and the individual shall pass the written and skills certification exam as specified in Section 100079 (a) (4).

(4) For a lapse of greater than twenty-four months the individual shall complete an entire EMT-I course and comply with the requirements of Section 100079 (a).

(b) The effective date of certification as used in this Chapter shall be the date the individual satisfactorily completes all certification requirements and has applied for certification. The certification expiration date shall be the final day of the final month of the two year period.

(c) The EMT-I certifying authority shall issue a wallet-sized certificate to eligible persons who apply for recertification. That certificate shall contain the information specified in Section 100079, Subsection (i).

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.175, 1797.210 and 1797.216, Health and Safety Code.

**§ 100082. Record Keeping.**

(a) Each EMT-I approving authority shall maintain a list of approved training programs within its jurisdiction and provide the EMS Authority with a copy. The EMS Authority shall be notified of any changes in the list of approved training programs as such occur.

(b) Each EMT-I approving authority shall maintain a list of current EMT-I program directors, clinical coordinators and principal instructors within its jurisdiction.

(c) The EMS Authority shall maintain a record of approved EMT-I training programs.

(d) Each EMT-I certifying authority shall, at a minimum, maintain a list of all EMT-Is certified or recertified by them in the preceding four (4) years. Each EMT-I certifying authority shall maintain a list of all EMT-Is whose certificate has been suspended or revoked and submit the names to the EMS Authority as such occurs.

(e) A local EMS agency that suspends or revokes an EMT-I certificate shall notify the EMT-I certifying authority that issued the certificate.

(f) A local EMS agency may develop policies and procedures which require basic life support services to make available the records of calls maintained in accordance with Section 1100.7, Title 13 of the California Code of Regulations.

(g) Each local EMS agency shall collect and report annually, to the EMS Authority on:

(1) The total number of patients, defibrillated, who were discharged from the hospital alive, and

(2) The data collected by EMT AED service providers pursuant to Section 100063.1 of this chapter.

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.173, 1797.200, 1797.202, 1797.204, 1797.208 and 1797.220, Health and Safety Code.

**§ 100083. Fees.**

A local EMS agency may establish a schedule of fees for EMT-I training program review, approval, EMT-I certification and EMT-I recertification in an amount sufficient to cover the reasonable cost of complying with the provisions of this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.170, 1797.212 and 1797.213 Health and Safety Code.

This Chapter of Regulations was supported by the Preventive Health and Health Services Block Grant from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.